



New Jersey Office of the Attorney General

Division of Consumer Affairs

Board of Pharmacy

124 Halsey Street, 6th Floor, Newark, NJ 07102

(973) 504-6450

**Request by Pharmacist for Approval of a non-A.C.P.E. Program
For Continuing Education Credit**

The fee required for review is **\$10.00 per program or course**. Complete and submit the form below with the required fee, a copy of **the certificate of completion, and a copy of the course brochure or advertisement which should include a listing of the speakers, the topics presented and the length of the program.**

Please print or type **CLEARLY**.

Pharmacist's Name: _____
Last First Middle

Street Address City State ZIP Code

Telephone number: _____ E-mail address: _____
(Include area code)

Pharmacist License 28RI0

Course/Program Title: _____

Location: _____ Date(s): _____ Time: _____

Sponsor: _____

Type of program or course: ☐ Home Study/Journal Article
☐ Seminar/ Conference
☐ Teleconference
☐ Other (Specify) _____

- Attach: 1) The certificate of attendance or completion; and
2) A copy of the program or course brochure including a listing of the speakers, the topics presented and the length of the program.

Signature: _____